The state of the s

PLACE OF BIRTH	A DIZOBI		DOADD OF	Y
James Gla	ARIZUN	A STATE	BOARD OF	HEALTH
County of	BUREAU C	F VITAL STATIS	TICS 173 Sta	te Index No
District of Mushalyan, The	ORIGINAL CI	ERTIFICATE OF	BIRTH Co.	Register No.23
Town of Haydun		· · · · · ·	Local Re	egistrar's No.
City of	(No		St:	Ward)
max	1001			_
FULL NAME OF CHILD	1 Parat on 1971	unene	<u> </u>	Born YES
If child is not named, make supplemental report on plank obtainable from pocal registrar.				
Sex of Child Male Twin, Triplet or other	and in or of bi	der Legiti-	Date of Birth (Month)	(Day) (Yr.)
Full FATHER Name MATTER TOTAL		Full Maiden Name	MOTHER OF I	Mari
Residence /	This -	Residence /	alider (aris -
Color Age at last Birthday.	2 A	Color or Race	Age at Birti	t last 2 4
Birthplace Medico -				
Occupation Occupation				
Smeller Laborer hausewife				
Number of child of this mother	n, of this mother, now livin	Weste pres	cautions taken against Ophshalmin	a neomatorum? Yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth of above child; and that it occurred of muy 29-1917, at 1000M.				
(*When there is no attending physi-) clan or midwife, then the householder should make this return.		(Signature)	rending physician mid	wife; householder.*)
Given or christian name added from a	•	Address	Hayder	i aria.
supplemental report191	Filed May 3	<i>a.</i>	MITOD	Esto 8
419-529-162 COUNTY REGISTRAR.	Filed MALE	A True Co	DY BY	REGISTRAR.